

ORDER FORM

PLACE A CHECK NEXT TO ONE OF THE FOLLOWING PAYMENT OPTIONS:

WILL **NOT** ACCEPT VISA (your purchase order is ≥ 2500):

ORDER ON MY **OFFICE** VISA:

ORDER ON MY **INDIVIDUAL** VISA:

CARD HOLDERS NAME ON **INDIVIDUAL** VISA:

Requestor Name (First and Last):

Date:

Investigators Name (First and Last:

Delivery Information: Building: Room: Phone:

Vendor Name:

Street Address:

City/State/Zip:

Telephone Number:

Catalog Number	Item Description	Quantity	Unit of Purchase	Unit Price	Total Price

Total Cost of Order (Does NOT include Shipping and Handling Charges):

NOTE: Please include funding source if several grants or special instructions to buyer.

ADDITIONAL COMMENTS: